STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968785	R **05/10/2017**
NAME OF PROVIDER OR SUPPLIER **KOZIE KOTTAGE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12576 54TH ST N** **WEST PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit survey to the Relicensure survey was conducted on May 10, 2017 at Kozie Kottage, LLC (License #12633). The facility had no uncorrected deficiencies identified at the time of the survey.